

NOTIFICATION

TERMINATION OF ACADEMIC PROGRAM

(One Program Per Form)

Institution terminating program: _____

Degree Designation: _____

Program title and concentration if applicable: _____

CIP Code: _____; _____; _____

Site(s) of program if other than main campus: _____

Site code(s): _____; _____; _____

Distance Delivered program? Yes _____ No _____

DATE program will be closed to new students: (mo/year) _____

DATE Data File should be closed: (mo/yr) _____

(all currently enrolled students have graduated or transferred to other programs)

Reason for termination: _____

Signature of Academic Vice President

Date

*Technical Colleges should submit this form to: Office of Academic Affairs, State Board for Technical and Comprehensive Education, 111 Executive Center Drive, Columbia, SC 29210. STBTC will then forward the information to the Commission on Higher Education.

*All other Institutions should submit this form to: Dr. Gail M. Morrison, Director of Academic Affairs & Licensing, SC Commission on Higher Education, 1333 Main Street, Suite 200, Columbia, SC 29201